C.S. APPLICATION NO. (ICLIN)	international application no. PCT/EP01/03488		ATTORNEYS DOCKET NUMBER MSI		
21. X The following fees are submitt				ALCULATIONS F	TO USE ONLY
<u> </u>	FEE (37 CFR 1.492 (a) (1) - (5)):	10	40 Park DOTANTO	0 0 DEC 00
		ation fee (37 CFR 1.482)		13 Rec'd PCT/PTO	28 DEC 20
nor international se	earch fee (37 CFR 1.44	5(a)(2)) paid to USPTO ared by the EPO or JPO	2.,000.00		
and International S	Search Report not prepare	ared by the EPO or JPO	····· -\$1000.00·		
International prelimation of the USPTO but International Description	minary examination feational Search Report	e (37 CFR 1.482) not paid to prepared by the EPO or JPC	\$890.00 \$860.00		
International prelim	minary examination fe	e (37 CFR 1.482) not paid to	USPTO		
but international se	earch fee (37 CFR 1.44	5(a)(2)) paid to USPTO	 \$710.00		
International prelin	minary examination fe not satisfy provisions o	e (37 CFR 1.482) paid to US f PCT Article 33(1)-(4)	SPTO \$690.00		
International prelim	minary examination fe	e (37 CFR 1.482) paid to US	SPTO	,	
and all claims satisfied provisions of PCT Article 33(1)-(4)					F
ENTER APPROPRIATE BASIC FEE AMOUNT =				\$ 890.00	
Surcharge of \$130.00 for furnishing the oath or declaration later than \overline{X} 20 \overline{X} 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$ 130.00	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	\$	<u> </u>
Total claims	- 20 =		x \$18.00	\$	T
Independent claims	-3 =		x \$80.00	\$	-
	DENT CLAIM(S) (if a	applicable)	+ \$270.00	\$	
TOTAL OF ABOVE CALCULATIONS =				\$ 1,020.00	`
A 1's and 1's and 1's and 1's and 1's Control Office Control of Co					
are reduced by 1/2.				\$ 510.00	
SUBTOTAL =				\$ 510.00	
Processing fee of \$130.00 for furnishing the English translation later than 20 30 months from the earliest claimed priority date (37 CFR 1.492(f)).				\$	
TOTAL NATIONAL FEE =				\$ 510.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +				\$ 40.00	
TOTAL FEES ENCLOSED =				\$ 550.00	
				Amount to be refunded:	\$
				charged:	\$
		0.00			
a. X A check in	the amount of $\frac{55}{2}$	0.00 to cover the	he above fees is enclo	sed.	
b. Please charge my Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed.				to cover the above fees.	
c. X The Comm	nissioner is hereby auth	norized to charge any additi	onal fees which may t	pe required, or credit a	ny
		No. <u>0233704</u> . A dupli	•	•	
		card. WARNING: Inform ded on this form. Provide			
				•	
		nit under 37 CFR 1.494 or ted to restore the applicati			ve (37 CFR
SEND ALL CORRESP	_	-	Q_{i}	MIDAL	
James C. Wray	У	•	SIGNATI	URE JUNE	
1493 Chain Bridge Road, Suite 300					
McLean, VA 2	2101			c. Wray	
			NAME		
		•	22,69		
December 28, 2001 REGISTRATION NUMBER					